



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeff S. Eder

Serial No. 09/688,982

Filed: October 17, 2000

**For: AN AUTOMATED ON LINE RISK
TRANSFER SYSTEM**

Examiner: Clement Graham

Art Unit: 3628

SUPPLEMENTAL AMENDMENT

**Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir or Madam:

Prior to examination of the above-referenced application, the Applicant respectfully requests the Examiner to enter the following amendments.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/688,982	
	Filing Date	10/27/2000	
	First Named Inventor	Jeff Eder	
	Art Unit	3628	
	Examiner Name	Clement Graham	
Total Number of Pages in This Submission	4	Attorney Docket Number	VM - 11

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard, supplemental amendment
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ValueMiner, Inc.			MAR 24 2005
Signature	s/Jeff Eder/s			GROUP 3600
Printed name	Jeff Eder			
Date	3/18/2005	Reg. No.	52,849	

CERTIFICATE OF TRANSMISSION/MAILING

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